



# Guide

## Health Profession Corporation

### Certificate of Authorization Application

Registered Denturists are permitted to incorporate for the purpose of practising denturism. To incorporate, a Health Profession Corporation Certificate of Authorization must be obtained from the College.

The College does not provide legal or accounting advice. For advice on any matters beyond incorporation application requirements, individuals should consult a lawyer and/or accountant.

The following links may provide useful information for individuals interested in establishing a Health Profession Corporation: incorporation:

<https://www.ontario.ca/page/start-run-and-change-corporation>

[Regulated Health Professions Act, 1991 \(RHPA\) – S. \(2\) 85.8 & 85.9](#)

[Business Corporations Act, Section 3.2](#)

[Ontario Regulation – Certificate of Authorization 39/02](#)

[College By-law Article 34 - Professional Corporations](#)

#### Naming the Corporation

The name of a health professional corporation must adhere to the required format and contain no additional words or characters. It must include the following:

- the words "Professional Corporation", or the French version, "Société Professionnelle."
- an indication of the health profession (Denturism) to be practised by members of the College through the corporation.
- the surname of one or more shareholders of the corporation (who are members of the College) consistent with information contained on the Public Register of the College.
- may also include the Denturist shareholders' given name(s), one or more of the Denturist shareholders' initials or a combination of his or her given name and initials.

More information on meeting the standards and requirements for naming Health Profession Corporation please review [section 3.2 of the Business Corporations Act](#) and [subsections \(2\) to \(5\)](#), and [O. Reg. 39/02, s. 1 \(1\)](#).

#### Examples of Health Profession Corporation Names:

- J. Smith Denturist Professional Corporation
- John Smith Denturist Professional Corporation
- Smith Denturist Professional Corporation
- J. Smith and T. Brown Denturists Professional Corporation
- Jane Smith & Ted Brown Denturists Professional Corporation
- J. Smith Denture Clinic Professional Corporation
- Jane Smith Denturologiste Société Professionnelle



## Conditions and Requirements

The corporation cannot carry on a business other than the practice of the profession governed by the College and activities related to or ancillary to the practice of denturism.

A registered Denturist applying for a Health Profession Corporation Certificate of Authorization on behalf of the corporation must hold a current Certificate of Registration with the College and be a director of the corporation.

Each shareholder, director and officer of the corporation must hold a current Certificate of Registration as a Denturist issued by the College.

All of the issued and outstanding shares of the corporation are legally and beneficially owned, directly or indirectly, by one or more members of the same profession, who hold a certificate of registration from the College of Denturists of Ontario.

If the practice name (clinic name) is different from the corporate name, provide the name under which the corporation practices - Section A of the application.

## Business Address of the Corporation

This must be the actual corporate address of the corporation and not the address of the corporation's legal counsel or a virtual address.

## Required Documentation

- A completed, dated and signed **Certificate of Authorization Application Form**
- A completed, dated and signed Undertaking (**Section C** of the application) by all shareholders of the corporation.
- A Declaration (**Section D** of the application) by a director of the corporation signed not more than 15 days before the application is submitted to the College. An expired or incomplete declaration cannot be accepted.
- A copy of the **Checklist** for a Certificate of Authorization. A copy of a **Corporation Profile Report** that indicates that the corporation is active. The Corporation Profile Report is issued by the Ministry of Public and Business Service Delivery or by a service provider with the Ministry of Public and Business Service Delivery and must not be dated more than 30 days before the application is submitted to the College. An expired corporation profile report cannot be accepted.
- A copy of the **Certificate of Incorporation**, and if applicable, a copy of every other certificate of incorporation that has been endorsed under the Business Corporations Act as of the day the application is submitted. The latter is required **ONLY** if the corporation has made any changes; **e.g. articles of amendment to change the corporation's name, amended its articles, etc.**
- The fee for the initial Certificate of Authorization in the amount of \$1,130.00 (includes HST).

## Renewal

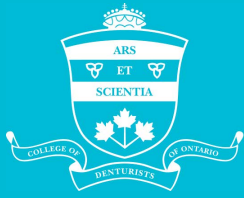
The Certificate of Authorization must be renewed by March 31<sup>st</sup>, each year. Notice of online annual renewal of the Certificate of Authorization is sent by email to members who have registered a health professional corporation with the College.

**For more information:**

Visit our website at: [www.denturists-cdo.com](http://www.denturists-cdo.com)

Email us: [info@denturists-cdo.com](mailto:info@denturists-cdo.com)

Call us: 416-925-6331 ext. 224 • 1-888-236-4326



# Health Profession Corporation Certificate of Authorization Application Checklist

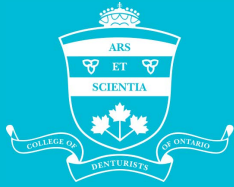
The following lists the documents and requirements needed to complete your application.

<input type="checkbox"/>	<b><a href="#">Form C1</a> Health Profession Corporation Certificate of Authorization Form</b>
<input type="checkbox"/>	<b>Sections A &amp; B</b>
<input type="checkbox"/>	<b>Section C</b> - Completed and signed Undertaking by all shareholders of the Corporation.
<input type="checkbox"/>	<b>Section D</b> - Completed and signed <b>Declaration</b> by a Director of the Corporation. The Declaration cannot be signed more than 15 days before the application is submitted to the College.
<input type="checkbox"/>	A <b>Corporation Profile Report</b> , issued by the Ministry of Public and Business Service Delivery or by a service provider of the Ministry of Public and Business Service Delivery, that is dated not more than 30 days before this application is submitted to the College, that indicates the corporation is active.
<input type="checkbox"/>	A <b>Certificate of Incorporation</b> , and if applicable, a copy of every other Certificate of Incorporation that has been endorsed under the <a href="#">Business Corporations Act</a> as of the day the application is submitted.
<input type="checkbox"/>	<b>The fee</b> for the initial application for a Certificate of Authorization in the amount of \$1,130.00 (includes HST) payable to the College of Denturists of Ontario.

**Include this checklist with your application**

**Submit your application and payment to: [info@denturists-cdo.com](mailto:info@denturists-cdo.com)**

**Your application will be processed when all documents and payment have been received**



## Health Profession Corporation Certificate of Authorization Application Form

For more information on how to complete this application, please refer to the [Guide to the Health Profession Corporation Certificate of Authorization Application](#).

This form can be filled out **electronically** or by hand.

### SECTION A

Date of Application:

mm/dd/yyyy

Corporation #:

Name of Corporation:

N.B.: "Refer to the [Guide to the Health Profession Corporation Certificate of Authorization Application](#) for naming requirements".

Practic Name:

Corporation Address:

Unit/Suite:

City:

Province:

Postal Code:

Phone:

Fax:

Email:

### SECTION B

Member's Full Name:

Registration #:

I, the above noted member of the College of Denturists of Ontario and a director of the Corporation, am applying on behalf of the above Corporation for a Certificate of Authorization under the [Regulated Health Professions Act](#), and declare that:

#### 1. Membership:

I am a member of the College of Denturists of Ontario and my Certificate of Registration is not currently suspended or revoked.

#### 2. Incorporation:

The Corporation is incorporated under the [Business Corporations Act](#) of Ontario.

#### 3. Corporation Status:

There has been no change in the status of the Corporation since the date of the Corporation profile report was issued (must be within previous 30 days of the date of the submission of this application).



#### 4. Shareholders:

The name, Certificate of Registration number, business address, business telephone number, and email address of each shareholder on the date of submission are:

##### **Shareholder A:**

Member's Full Name:

Registration #:

Business Address:

Business Phone:

E-mail:

##### **Shareholder B:**

Member's Full Name:

Registration #:

Business Address:

Business Phone:

E-mail:

##### **Shareholder C:**

Member's Full Name:

Registration #:

Business Address:

Business Phone:

E-mail:



## 5. Directors and Officers:

**Note: all Directors and Officers must be shareholders of the Corporation.**

The names of all the Directors and Officers of the Corporation as of the date of submission of this application are:

### **Director/Officer A:**

Member's Full Name:

Check if:	Director	If Office, Title of Officer:
Director or Officer	Officer	

### **Director/Officer B:**

Member's Full Name:

Check if:	Director	If Officer, Title of Officer:
Director or Officer:	Officer	

### **Director/Officer C:**

Member's Full Name:

Check if:	Director	If Officer, Title of Officer:
Director or Officer:	Officer	

## 6. Practice Location(s):

If different from the Corporation address noted in **Section A**, provide the location(s) at which the Corporation provides denturism care and service. Residential addresses of clients who receive in-home service are not required.

Practice Address:	Business Phone:
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Practice Address:	Business Phone:
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Practice Address:	Business Phone:
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**7. Professional Activities:**

The Corporation cannot carry on, and cannot plan to carry on, any business that is not the practice of the profession governed by the College or activities related to or ancillary to the practice of the profession (see Section 2.(1) 6.ii. of [Ontario Regulation 39/02](#)).

List any ancillary activities  
permitted under the corporation's  
articles of incorporation:

**8. Member's Practising:**

Members of the College of Denturists of Ontario (shareholders and employees of the corporation) who will practise the profession under the Corporation are:

Member's Full Name:	Registration#:
Member's Full Name:	Registration#:
Member's Full Name:	Registration#:
Member's Full Name:	Registration#:
Member's Full Name:	Registration #:

**9. Accuracy of Application:**

I have personal knowledge of the declarations contained in this application and of the information I have provided.  
I declare that the information is accurate and complete.

Applicant's Name

Registration #

Applicant's Signature

Date Signed (mm/dd/yyyy)



## SECTION C

### UNDERTAKING FOR HEALTH PROFESSION CORPORATIONS

*(Each shareholder of the corporation must sign this form)*

I, \_\_\_\_\_, holding College of Denturists of Ontario

Certificate of Registration number \_\_\_\_\_ of \_\_\_\_\_  
Health Profession Corporation

and do undertake as follows:

1. I will ensure that, in the course of practising the profession, the Corporation does not do or fail to do anything that would be professional misconduct if done or failed to be done by myself.
2. I will ensure that the Corporation does not breach any provision of the Code of Conduct for corporations that may be published by the College from time to time.
3. I will ensure that the Corporation maintains a valid Certificate of Authorization and does not provide professional or ancillary services while its Certificate of Authorization is under suspension or revoked or when it does not satisfy the requirements for a Health Profession Corporation under subsection 3.2(2) of the [Business Corporations Act](#).
4. I will ensure that the Corporation complies with the [Regulated Health Professions Act, 1991](#) and its regulations, the [Health Professions Procedural Code](#), the [Denturism Act, 1991](#) and its regulations and By-laws of the College.
5. I will ensure that any person who is not currently a shareholder of the Corporation shall file a similar undertaking with the College of Denturists of Ontario when he or she becomes a shareholder.
6. I will ensure that the College is notified of any changes to the name, articles of incorporation or practice locations of the Corporation as soon as they occur and to any other information provided in the application within the time period required by the By-laws.
7. I will ensure that if the Corporation practises in a name other than its corporate name, the corporation shall first notify the College of its practice name and shall include its Corporate name in all written, electronic, or broadcast communications.
8. I will ensure that this Certificate of Authorization is renewed annually (by March 31st, 11:59pm) of each year in accordance with the College of Denturists of Ontario policies and By-laws.

Applicant's Name

Registration #

Applicant's Signature

Date Signed (mm/dd/yyyy)





## SECTION D

### DECLARATION FOR HEALTH PROFESSION CORPORATIONS

*(A Director of the corporation must sign this form 15 days before the application is submitted to the College)*

I, \_\_\_\_\_, holding College of Denturists of Ontario

Certificate of Registration number \_\_\_\_\_ and director of \_\_\_\_\_,

and do hereby certify the following: \_\_\_\_\_ Health Profession Corporation

1. that the Corporation is in compliance with section 3.2 of the [Business Corporations Act](#) as of the date this declaration is signed,
2. that the Corporation does not carry on, and does not plan to carry on, any business that is not the practice of the profession governed by the College or activities related to or ancillary to the practice of that profession,
3. that there has been no change in the status of the Corporation since the date of the Corporation Profile Report enclosed with this application, and
4. that the information contained in the application for a Certificate of Authorization is complete and accurate.

Name of Director

Date (mm/dd/yyyy)

Signature of Director

**IMPORTANT:** The declaration of a Director of the Corporation, must be signed no more than 15 days prior to submission of this application.

<sup>1</sup> Under S.2.(1) 6. iv. of [Ontario Regulation 39/02](#), an application for a Certificate of Authorization is to be accompanied by a declaration containing the information as set out in this declaration.



## 10. Form Submission

**Submit the completed form, checklist and payment to: [info@denturists-cdo.com](mailto:info@denturists-cdo.com)**

**Your application will be processed when all documents and payment have been received.**

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### ***OFFICE USE ONLY***

Staff Reviewing Application: \_\_\_\_\_

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date Signed

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### ***OFFICE USE ONLY***

☐ Application is approved.

☐ Application is denied.

Reasons denied: \_\_\_\_\_

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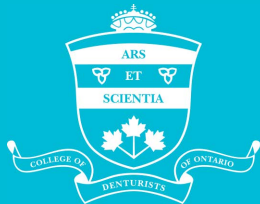
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\_\_\_\_\_  
Registrar's Signature

\_\_\_\_\_  
Date Signed



COLLEGE OF  
DENTURISTS  
OF ONTARIO

## Credit Card Payment Form

*If you wish to make a payment by credit card, please complete this form and submit it to the College with your application for registration. Once payment has been processed and cleared, this form will be securely destroyed. The College does not retain credit card information.*

*This form can be filled out **electronically** or by hand.*

### Section 1: Credit Card Information

Member/Candidate's Full Name:

Registration/Candidate #:

Please select one of the following Fees:

Initial Registration of a Certificate of Authorization Fee -	\$1,000.00 + HST = \$ 1,130.00
Jurisprudence Program Fee -----	\$100.00 + HST = \$ 113.00
Duplicate Certificate Application Fee -----	\$50.00 + HST = \$ 56.50
Letter of Standing Application Fee -----	\$44.25 + HST = \$ 50.00
Clinic Name Registration Fee -----	\$25.00 + HST = \$ 28.25

Credit Card Type:                      Visa                      MasterCard

Credit Card Number:

Card Validation Code (CVC):

(the three numbers on the back of the card)

Expiry Date:

(mm/yy)

Name on Card:

Signature of Cardholder:

Authorized Amount \$:  
(including HST)

**Please Note: The College does not store credit card information. If additional charges are required, a new completed form will be required.**

### Section 2: Declaration and Signature

I hereby authorize the College of Denturists of Ontario to charge this credit card for the amount above.

**Signature**

**Date (mm/dd/yyyy)**